

Customer

ASS. REC'D BY

REF CS/SPF 19005072/kt d302

Special Instruction

Surveyor Kenneth

ASSIGNMENT (Office)

From (Person) Hafizul Rahman

of

SPF

Date/Time: 14/3/19 @ 4:49pm

Estimated Cost

Bill to:

OD (TP) / WS / TP RES / OB RES / EVA / INV / MY / CS

To Inspect Vehicle No:

SLT 3640K

Insured

QX 311A

at Workshop n/s

Hui Yang Motor

Tel:

64515752

of

Blk 176 Sin Ming Drive # 04-02

Policy No:

Claim No:

AEMD/105/009/2019/025

Sum Insured

Excess:

Make of Veh:

D.O.A.

16/3/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement

Date/Time:

10.14am @ 14/3/19

Person Contacted

Belle

Vehicle IN

OUT

Date/Time	Action/Instruction (✓) Estimate
	SLT 3604K - X
	QX 311A - X

Do Not Finalise

ASS. REC. BY:

REF: *SPF/*

*Kenneth*

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s *Hui Yang*

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: *03* days Res.: Yes or No

Lum Sum: *1-B.1* % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: *S67364* Yr Regn: *10,17*

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: *Toy Prius* c.c. *1797*

Colour: *M. Gray* A/C: Insured / Std / NI / NA

Sp. Reading: *118893* T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: *8VW40 : 0026269*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/RIm / STD / RIm or

Tyre Size: F: *205/60R16*

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or *Goodride*

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. *D* mm R/Bal. *D* mm

L/Bal. *D* mm L/Bal. *D* mm

D.O.A. *16/3/19* D.O.I. *25/3/19*

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

*O/S Rear*

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

*1 File pass to*

*B 1355 to Summit (1-2k) upper range*  
*(cred: 2849.39, 67%)*

RECEIVED 27 MAR 2019

Date/Time, File Pass to?

: Prell. Report

1) *27/3 Typist*

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: *3*

Resurvey No. of Trlp: *-*

Survey Fee:

*220*

Transportation:

*S + RS. SI*

Fuel

Others

TOTAL

*220*

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Report Format: *TP*

Lump Sum / I.B. (\$) *1355/-*

## Nivitha (LKK Auto)

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**From:** Hafizul Farhan RAHMAT (SPF) <Hafizul\_Farhan\_RAHMAT@spf.gov.sg>  
**Sent:** Tuesday, 19 March 2019 4:49 PM  
**To:** Admin-D (LKKAuto); Olivia Lau (LKKAuto); Shiau Chan (LKKAuto)  
**Cc:** Frankie THAY (SPF)  
**Subject:** Survey of SLT3604K (QX311A)

Hi,

Kindly survey **SLT3604K** at: (accident on 16/3/2018)

Hui Yang Motor Pte Ltd  
Blk 176 Sin Ming Drive  
Sin Ming Autocare #04-02  
S (575721)  
Tel: 6451 5752

Thank you.

*Best Regards,*

*Hafizul Farhan Bin Rahmat*

*AEMD / PLD*

*Singapore Police Force*

*DID: (65) 6478 4840 | FAX: (65) 6478 4850*



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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	18/03/2019 14:39
Date Of Accident	16/03/2019 13:35
Exact Location Of Accident	JUNCTION OF KAY POH ROAD AND RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT3604K
Insured/Policyholder	
Name Of Registered Owner	ANC MOTORING PTE LTD
Co Reg No	201527433C
Email Address	SQUARECAR123@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-86667800
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID-1.8 S CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994417
Cover Note Number	
Driver	
Name of Driver	JEFFRY BIN AMAT
NRIC No	S7142022A
Date Of Birth	04/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92296979
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 665 HOUGANG AVENUE 4
Postcode	S530665
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOW GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	RIVER VALLEY NPP 4 DELTA AVENUE #01-02 S161004
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE REFER TO ATTACHED POLICE AND SKETCH PLAN REPORT

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX311A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	INSP YEE WING MAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:







**SINGAPORE  
POLICE FORCE**



T/20190316/2117

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

2 of 3

Report No. T/20190316/2117

## CONTINUATION OF REPORT

Driver			
Name	INSP YEE WING MAN		ID No. NIL
Related Vehicle	QX311A (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	JEFFRY BIN AMAT		ID No. S7142022A
Related Vehicle	SLT3640K (Car)		Contact No. 92296979
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On the above mentioned, date and time, I was along the junction of Kaypoh road and River Valley road. I had earlier picked up a passenger, awaiting the traffic along River Valley road to be clear. A few moments later, vehicle (QX311A), turned into Kaypoh Road from River Valley road. Subsequently, the said vehicle graced onto my vehicle's rear right bumper. We then stopped the vehicle and moved the vehicle into Kaypoh road as there was moderate traffic at the point of time. I then gave my particulars to the police and await for Traffic Police.

My vehicle sustained damages of white marks on the rear right bumper. My vehicle also sustained damages of a small dent above the rear right tyre. I wish to state that I was in my lane at the point of time. I have in car camera with the footages of the incident which I had sent to the TP IO. I was then advised to lodge a traffic police report and acknowledged. I am lodging this report as per required by traffic police vide E/20190316/0122.



**SINGAPORE  
POLICE FORCE**



T/20190316/2117

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

3 of 3

Report No. T/20190316/2117

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
E /  
Sgt 2 ABDUL HEEDE BIN ABDUL WAHID

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/03/2019 16:10

Officer In Charge Of Case:  
TP / DDGVT /  
SI VILTON HIA WEE SIANG  
Contact No.: 65476228

Classification Of Case:  
SN 069

Authentication Stamp  
NP168

25/03/19  
 (Monday)  
 10am  
 Kenneth.

# 輝陽汽車有限公司 HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721  
 Tel: 64515752 (2 Lines) . Fax: 64514658  
 Reg No. 201629438M

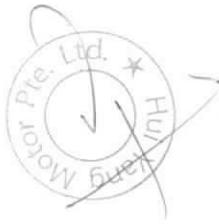
16/03/2019

Owner: ANC MOTORING PTE LTD

**ESTIMATE TO REPAIR TOYOTA PRIUS ALPHA 1.8S A - SLT3604K**

1pc	rear bumper	<i>n</i>	\$ 981.90	<i>X</i>
1pc	rear bumper RH side retainer	<i>SL</i>	\$ 132.45	<i>✓</i>
1pc	rear RH fender	<i>n</i>	\$ 971.50	<i>X</i>
			\$ 2,085.85	
less 25%			\$ 521.46	
			\$ 1,564.39	
1set	rim half cap	<i>n</i>	s.nett \$ 120.00	<i>✓</i>
	remove & refit rear cushios		\$ 120.00	<i>601</i>
	remove & refix rear RH glass	<i>n</i>	\$ 120.00	<i>X</i>
	sealant	<i>n</i>	\$ 80.00	<i>X</i>
	tuffkote	<i>n</i>	\$ 120.00	<i>X</i>
	wiring		\$ 80.00	<i>151</i>
	spray painting		\$ 1,000.00	<i>6601</i>
	labour charges		\$ 1,000.00	<i>5001</i>
	<b>Total</b>		<b>\$ 4,204.39</b>	

*Not Approved  
 Payment After Paint  
 3 days*





## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
AUTOMOTIVE ENGINEERING & MGT DIVISION		Ref :	CS/SPF19005072/Ktd3e2
ACCIDENT CLAIM SECTION (SPORE POLICE FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD POLICE ACADEMYSINGAPORE 298333		Date :	11-04-2019
ATTN : HAFIZUL FARHAN		Code :	SPF
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	QX 311A	Veh. Inspected	SLT 3640K
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2019/025	Excess (\$)	0.00
Assign From	HAFIZUL FARHAN	Assign Date	19/03/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS (A)	c.c	1797
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	ZVW400026264	Colour	METALLIC GREY
Odometer	118893	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	GOODRIDE	8 mm
L/H Front Tyre	205/60 R16	GOODRIDE	8 mm
R/H Rear Tyre	205/60 R16	GOODRIDE	8 mm
L/H Rear Tyre	205/60 R16	GOODRIDE	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	16/03/2019	Inspection Date	25/03/2019
Survey held at	HUI YANG MOTOR PTE LTD BLOCK 176 SIN MING DRIVE #04-02 SIN MING AUTOCARE SINGAPORE 575721		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLT 3640K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	981.90	-
1	REAR BUMPER RH SIDE RETAINER	SERVICEABLE	132.45	-
1	REAR RH FENDER	TO REPAIR SEE LABOUR	971.50	-
	LESS 25% DISCOUNT		-521.46	-
			1,564.39	-
<b>SPECIAL NETT ITEMS</b>				
1	SET RIM HALF CAP (SN)	DENTED / CUT	120.00	120.00
1	SEALANT (SN)	NOT NECESSARY	80.00	-
			200.00	120.00
<b>LABOUR</b>				
	REMOVE & REFIT REAR CUSHIOS.		120.00	60.00
	REMOVE & REFIX REAR RH GLASS.	NOT NECESSARY	120.00	-
	TUFFKOTE	NOT NECESSARY	120.00	-
	WIRING.		80.00	15.00
	SPRAY PAINTING.		1,000.00	660.00
	LABOUR CHARGES. INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR RH FENDER.		1,000.00	500.00
			2,440.00	1,235.00
<b>GRAND TOTAL</b>			<b>4,204.39</b>	<b>1,355.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>1,355.00</b>

Report Ref No. CS/SPF19005072/Ktd3e2

NOTES : THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$1,000-\$2,000

KONG SENG CHEONG

Licensed Appraiser

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